AQUIFER TEST DATA

Owner _____ Address _____

Well Location: _____ 1/4 _____ 1/4 _____ 1/4 Section _____ , Township _____ N/S, Range _____ E/W _____ County

Date Test Performed _____ Company performing test _____ Measured by _____

Type of water level measuring equipment _____

Time Data	Water Level Data	Discharge Data
Pump on: Date_____ Time_____ (t_o)	Static water level _____	How was discharge measured? _____
Pump off: Date_____ Time_____ (t_1)	Measuring point _____	Depth of pump/airline? _____
Duration of aquifer test:	Height of measuring point above ground _____	
Pumping_____ Recovery_____		

1. PUMPING DATA

Date	Clock Time	Time Since Pump Started (min.) t_o	Pumping Water Level Measurement	Pumping Rate (discharge) gpm	Comments on Factors Affecting Test Data
		1			
		5			
		10			
		15			
		20			
		25			
		30			
		40			
		50			
		60			
		90			
		120			
		180			
		240			
		300			
		360			
		420			
		480			

2. RECOVERY DATA

Clock Time	Time Since Pumping Stopped (min.) t_1	Recovery Water Level Measurement
	1	
	5	
	10	
	15	
	20	
	25	
	30	
	40	
	50	
	60	
	90	
	120	
	180	
	240	
	300	
	360	
	420	
	480	